

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County.....Pima

State.....ARIZONA

State File No. 308

Township.....

or Village.....

Registered No. 1234

City.....Tucson

No. Sou. Methodist Hospt.

or

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. --- mos. --- ds.

How long in U. S. if a foreign birth? --- mos. --- ds.

FULL NAME Phyllis Pace Old

How long in State where death occurred 22 yrs. 4 mos. 18 ds.

(a) Residence: No. 610 East Mabel

St., Ward. (If not resident give city or town and State)

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-OWED, or DIVORCED, (Write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ray Old

DATE OF BIRTH (month, day, and year) 2-23-1911

AGE Years Months Days If LESS than 1 day, hrs. or min. 22 4 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Thatcher, (state or country) Arizona

13. NAME Pratt A. Pace

14. BIRTHPLACE (city or town) (State or country) Apache Co., Arizona

15. MAIDEN NAME Alice Phillips

16. BIRTHPLACE (city or town) Thatcher, (State or country) Arizona

7. INFORMANT Ray Old (Address) Tucson, Arizona

8. BURIAL, CREMATION, OR REMOVAL Removal Place Thatcher, Arizona Date 10-6-34

9. UNDERTAKER Bring's Funeral Home (Address) Tucson, Arizona

10. Filed 10-6 1934 Lewis H. Howard Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10-5-1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1. 34 to Oct 5. 34

I last saw her alive on Oct 5. 34; death is said to have occurred on the date stated above, at 8.50P.m.

The principal cause of death and related causes of importance were as follows:

Puerperal Septicemia Sept. 24/34

Date of Onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify M. D. (Signed) M. D. (Address) Tucson, Ariz.